

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4) Summary Sheet

FILE	E NUM	BER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?	Yes	X No	
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	COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of		е		
	For Councilman			
Acronym or Abbreviated Name (if any)	if any) 3. Committee Telephone Number (317) 557-13			
4. Mailing Address (address where all campaign	finance correspondence is received) ☐ Check	if this is a new address		
5. City, State, ZIP Code West F, eld, In	46074 6.	Party Affiliation (if applicable) Republic	. a N	
CANDI	DATE INFORMATION (For Candidate's Com	mittees Only)		
7. Full Name of Candidate (include any nicknam Robert Watson S	Tokas (Rob) 8.	Party Affiliation or If Independ		
9 Office Sought (Include district number, if any,	Not required for exploratory committee.) Not Mar West Field). County of Residence	0~	
N 性 图	YPE OF REPORT	CONVENT	ION CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Non		Check one: Pre-Convention		
Final/Disbands Committee (lines 18, 19, and 20 must be "	0") Outgoing Treasurer (within 10 days amend Statement of Orga	nization)	onvention	
12. Reporting Period: From: 4/14/07	Through: (0/12/07	COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginn	100.00	是知识大学出版		
14. Cash on hand and investments January 1, c			,0,00	
	ONS AND RECEIPTS		*	
(Note: these amounts include in-kind contribution	ns and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		700.00	800.00	
15b. Unitemized				
15c. Add lines 15a and 15b in both columns	SUBTOTA	1	800.00	
16. Add lines 13 and 15c in Column A and lines	AL 800,00	800.00		
EXP	ENDITURES			
(Note: These amounts include in-kind expenditu	res and loan repayments.)	REPRESE		
17a. Itemized (use Schedule B) (Public Question	n: use Schedule C)	609.87	609.87	
17b. Unitemized		50.00	50.00	
17c. Add lines 17a and 17b in both columns	SUBTO	0 - 1 - 1	659.87	
18. Cash on hand and investments at close of this repo	rting period (subtract 17c from 16 in both columns) TO	TAL 140.13	140.13	
19. Debts OWED BY the committee (use Sched	ule D)	O S13		
20. Debts OWED TO the committee (use Sched	ule E)	0 0		
	CERTIFICATION		FOR OFFICE USE ONLY	
nature on File	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE Title	CORRECT AND COMPLETE.	0:1 M9 81 30 F00	
	Treasurer	Date / 16/07	HIED	
	for sale or used for any commercial purpose. (IC conserved who fails to file a complete or accurate real and may be subject to civil penalties. (IC 3-9-4-1)	eport as required by the Indiana		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 Robert Stokes 16457 Oak Maror	Contributions: Direct In-Kind (describe)	200.00	300.00	5/31/07
16457 Oak Maror Westfield. In 46074	Other Receipts: Interest Loan Misc. (specify)			Rob Stokes
Contributor's Occupation (if required) IT Marays	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions			
4.	Contributions: Direct In-Kind (describe)		22.	
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	1			
	THIS PAGE OF SCHEDULE A	\$200.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEI	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$200.00		



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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if requiar party committee).

FILE NUMBER				
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Shamrock P.A.C. 16615 Downstream Noblewille, IN 46062	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	500.00	500.00	6/4/07 Rob Stokes
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 500.00	Marin Service Service	



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code A Harcourt Endustries 7765 S. 175 W. Milroy, IN 46156	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		502.00	6/14
Mende 15466 Oak Rd West Field, IN46033	Retired	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	107.87	107.87	7/3
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$609.87		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH		\$609.87		